

# THE CALIFORNIA HOMŒOPATH.

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## Original Articles.

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### HOMŒOPATHY AND PHTHISIS PULMONUM.

By CHIEF MEDICAL COUNSELOR SICK.

By S. L.

(Sick, well known as an author, has just celebrated his silver wedding as chief physician of the House of Diakonesses in Stuttgart; the Queen of Wurtemberg sent him her portrait in oil, and he received many tokens of esteem at this festive occasion).

Schlegel of Tubingen opened the session with an essay, that it is too well known that homœopathy has cured over and over cases of phthisis, not too far advanced, with the remedies selected according to the totality of symptoms and hygienic and sanitary measures, and in far advanced cases, once and awhile we may note an improvement, though a permanent cure will be a rare pleasure, and one may fully agree with Billroth, who in relation of carcinoma recti, said that they give the operator more heart-trouble than pleasure. We must take the patients as they are, for it is to them a solace when we prolong life or when we, e. g., with hyoscyamus, ipecacuanha or some epidemic remedy in higher potencies relieve the harassing cough, without taking refuge to opium in every case. Dr. Loveny, a physician in the same hospital



over which Sick presides, witnessed satisfactory results in diseases of the pulmonary apices with condensation of the tissues and rattling murmurs, so that the patients could be discharged greatly improved. Thus one of the ladies who held an important post in the hospital, suffered from pleuritic exudation, diseased apices, fever, emaciation, diarrhoea, etc., but recovered so far that for years afterwards she attended to her onerous duties. She never was sent to high altitudes nor her mode of life altered, but she received her remedies in high potencies and at long intervals, with rest in fresh air, and well selected food to keep up nutrition.

Another sister, still in the twenties, was admitted from an outside station with the diagnosis pleurisy and pleuritic exudation. She had high fever, 40-41 C., cough, dyspnoea, rapidly increasing emaciation and prostration, inappetency. She also gradually recovered, though it took a full year, and now she is able again to attend to her labors.

In this hospital *calcareæ phosphorica* in the sixth potency takes a high rank, a decigram three or four times daily. But high potencies of phosphorus and of *calcareæ carbonica* are often necessary, and in many cases one has to study up arsenicum, sulphur, lycopodium, stannum and especially iodum and its salts in the fifteenth to thirtieth potency. Schlegel mentions also *antimonium arsenicatum*. In hæmoptoe he relies chiefly on aconite, arnica, bryonia, ferrum and *millefolium*, especially where there are frequent bleedings; but not so copious. Hæhnlé mentions under phosphorus, aggravation by motion, as it increases the hurried breathing and tendency to sweating, especially at night, amelioration by eating. The old-fashioned cod liver oil ought not to be neglected, as it contains minute doses of iod., brom. and phosphor. Schlegel does not believe in too much bathing for such patients, and he always gives to each of them written directions how to live and what to eat. Professor Jaeger advises to anoint the body with fat after each ablution.

Sick mentions that Koch's lymph, or whatever you may call it, against tuberculosis, which acts on the system where the bacillus took up its habitation, and which may be of benefit in improving the constitutional diathesis, in starving



out the bacilli by rendering the soil on which they thrive inimical to them, though we can do the same with our well selected remedies. None of us believes, that with our dynamised drugs we try to attack the hordes of bacilli, we try to make such a change in the whole nervous system, that nutrition in its various phases becomes more normal, and thus a restitution ad integrum more possible. This, homœopathy has done already for the last hundred years.

Let us give Dr. Koch full credit for what he has accomplished and for what he gives to the world with such modesty which stamps the true scientific experimenter and explorer. Though the contents of the fluid are still unknown, we might still compare it with the tenets and experiences of our school.

(1.) The difference in the application of Koch's lymph to man or animal. The lymph acts 1500 times stronger even in a healthy person than in an animal. Hundred years ago, Hahnemann raised his voice against these experiments on animals, and insisted that provings be made on human beings.

(2.) The vastly increased action of the lymph in patients vice healthy persons (Zimssen cannot understand such an affinity!) and still more, this action shows itself specifically only in tuberculous patients. Other patients act against it as though they were well. In tuberculous patients, the fluid acts about hundred times stronger than in well persons. Hahnemann's tenet that the remedy must be greatly diluted, because it acts specially with more force on the patient than on a healthy person, has been so far steadily opposed by other schools.

(3.) The observation of Koch that where much tuberculous living tissue is present, a relatively small dose of his fluid suffices to produce a strong reaction, agrees very well with Hahnemann, who teaches that the more difficult the extension of the disease is, the deeper its location, the more highly diluted remedies are necessary to remove them quickly, safely and pleasantly.

(4.) Medicinal aggravations, which are even disputed in our own ranks, find a splendid acknowledgment in the experience of Koch. The artificial disease produced by it



(fever, nervous symptoms, eruptions, inflammatory manifestations in the tuberculous tissue) belong to the most remarkable manifestations in this new treatment.

(5.) The curative effects of the fever; the stronger it is, in fact, the more the patient reacts to the injection, the more hope for a favorable issue. Hahnemann applied against fevers only such drugs, which shows in the healthy prover fever or febrile states; here the primary effect of homœopathic drugs in fevers is always a slight aggravation, moderate and of short duration, but which in a similar (not same) direction as the natural disease causes an increased reaction of the body to the morbid cause and thus by its removal leads to health. How foolish is that still prevailing notion to suppress the fever by antipyretics.

(6.) Koch proved his lymph on himself, and all honor to this great man for his proving. Our Hahnemann did the same thing a hundred years ago.

(7.) Last, not least, both experimentors agree on the right of self-dispensation. The preparation of the remedy is of such great importance, that not everybody can be entrusted with its manufacture.

(8.) Strict individualization is insisted upon by Koch, and here also he is in full accord with the master.—*A. H. Z.* 23, 90.

To many of us here in America, tuberculinum and sepoïn are no new remedies, and might we not request Dr. Swan, of New York, to publish his provings and his experience as well, or that of his coadjutors on this new remarkable toxalbumin. Our physicians will now take more kindly to it, since the value of this remedy comes from an orthodox source and has the endorsement of renowned teachers in European universities. It may even teach some of our physicians that there is some latent power in higher dilutions than the twelfth, and for the truth of it, let me refer them to an article in the *New York Medical Journal* of January 10th, 1891: "Does Medical Science Tend to Materialism?"

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*Nux mosch.* Hysteria during pregnancy, with attacks of faintness. Bloating and dryness generally.



## THUJA IN CONSUMPTION.

BY S. L.

## HYPODERMIC INJECTION OF THUJA.

Dr. Neuschaeffer reports: A child, now nine years old, passed through an attack of pneumonia when two years old. Up to her fourth year she had ophthalmia scrophulosa. In her fifth year tumors under the skin of the right upper arm, which suppurated, and this suppuration kept steadily on for eighteen months. Similar suppurating tumors on cheeks, neck and under the left knee. The right foot in the tarsus is twice the size of that of the left foot, also ulcerated and suppurating, discharging a foul pus, robbing the child of all sleep. Neuschaeffer injected hypodermically in the back a watery solution of tinct. thujae, 3 drops in a syringe holding one gramme. The injection was very painful, causing intense burning, which the doctor could confirm by making an injection on himself. Since this first injection all suppuration ceased and so far failed to reappear, but the child passes now comfortable nights, is without fever, sleeps well and has regained its appetite. Three days later the injection was repeated with one drop of the tincture, which did not cause any pain. The ulcers are now covered with crusts and beneath them perfectly dry. Though the child appeared well, still the injections were at suitable intervals repeated. The swollen joint of the foot had diminished by half and the patient could now step with that foot, which formerly was impossible. Whether it is tuberculosis or scrofulosis (psora at any rate) is undecided, but since then Neuschaeffer injected into the skin of a consumptive patient the 1 per cent solution of thuja and requests other physicians to make similar trials in suitable cases, and report through the *Allg. Hom. Zeitung*.—*A. H. Z.*, 24, 90.

Hypodermic injections of homœopathic remedies were first recommended by Dr. Fischer, of Australia, especially as Hahnemann already gave his remedies by olfaction, and as the rapid action of drugs is well-known when injected subcutaneously, it is a wonder that this mode of application is not more generally used. There is no need to have a sepa-



rate syringe for every drug, for sterilization and antisepsis have at least also taught us how to remove every atom of the former drug; in fact when carefully done, needle as well as syringe, we have always a quasi new syringe at our disposal. The tree of life is well known as our great antisycotic, and the mischief which a gonorrhœa of the father may produce in the mother and her children, was well-known to the ancients, as shown by Autenrieth and especially by our own Grauvogl, who in his valuable text-book, volume II, page 375, gives a classic description of this pyæmic sycosis: swelling and suppuration of the axillary glands, sores on the outer side of the left leg, tubercular wart-like eruptions on any part of the body; swelling of the ribs near the sternum; rheumatic stiffness of the joints; pains in the bones; cracking of the joints, etc.; and he considers *thuja occidentalis* and *natrum sulfuricum* the sovereign drugs to eradicate this sycotic dyscrasia. Really there is more in a gonorrhœa than our philosophy ever dreamed off, and we are very apt to ask our anamnesis about syphilis and neglect to ask about the more sneaking sequelae of a gonorrhœa. Noegerath also deserves great credit to have opened our eyes on the sequelae of gonorrhœa in relation to women and their descendants. We also know that in hydrogenoid constitutions vaccination may rouse up a dormant cachexia, for which *thuja* and *silicea* are our great antidotes. Allen in his handbook mentions as characteristics: odor of the prover intolerably increased, unendurable neuralgic pains on any part of the body, worse at night and keeping off sleep; hacking, dry cough in daytime; short, interrupted, convulsive cough at night and on walking; breathing short at night; dyspnœa on going to bed or when ascending stairs, with weak feeling in chest and pressure under sternum; feeling in spots as if chest were constricted; tightness of chest obliging deep breathing—clearly showing its full standing in phthisis pulmonalis, where it is entirely too much neglected, for it is not mentioned by the latest writer on tuberculosis, Burt, in his *suralimentation*, nor by Brigham, Jousset, Baehr, Kafka, Raue, and others. It may be worth while, therefore, to lead the attention of our brethren to the use of *thuja* and *natrum sulfuricum* in phthisis, and it may thus perhaps become the tree of life to many a sufferer of this dire disease.



## KOCH'S DISCOVERY AND HOMŒOPATHY.

By DR. MARTIGNY.

*[Translated, from La Revue Homœopathique Belge, by W. A. D.]*

We are at the present time far from knowing the complete effects of Koch's remedy. We know nothing of its composition, nor of its preparation, etc. However, the following facts are now well established:

1. The dose as administered is relatively small, being diluted to the one one-thousandth, the same as are homœopathic remedies.

2. To obtain this dilution of one one-thousandth, the following is the proceeding: One part of the lymph is mixed with nine equal parts of distilled water or carbolized water; this mixture forms the first dilution of the decimal scale; then one part of this first dilution is mixed with nine parts of distilled or carbolized water, and the second dilution of the decimal scale is obtained; finally, one part of the second dilution mixed with nine parts of distilled water forms the third decimal dilution. It is this third dilution that Dr. Koch recommends for the commencement of the treatment. This is exactly as Homœopaths proceed to obtain the third decimal dilution. The method of the division of the remedy is, therefore, precisely the same as that employed in homœopathy.

3. Koch particularly asserts that the action of his remedy is not the same upon man as upon animals, whence the necessity to obtain its physiological action by experiments, not upon animals, but upon man in the health. Hahnemann and his successors have followed this rule for nearly a hundred years. It is one of the greatest glories of Hahnemann that he was the first to announce that to understand the action of a remedy it must first be studied in its action upon the healthy human subject, and not upon animals.

4. In a small dose, Koch's remedy has little action upon the healthy man, while it exercises a powerful action upon the sick. From this procedure it results that, in order to know the physiological action of Koch's remedy upon the healthy, it must be administered in a relatively strong dose, even a



thousand times stronger than the dose necessary at the commencement of the disease. Thus did Hahnemann and his disciples proceed: they administered to the healthy a relatively strong dose of the remedies, in order to know their physiological action, but when it came to employing these remedies in the sick, Hahnemann found, experimentally, as has the Berlin professor, that the dose should be much less, infinitely less, so as not to produce *medicinal aggravations*.

5. Medicinal aggravations under the same conditions were mentioned by Hahnemann, and his successors have daily confirmed this observation of the master. Therefore this fact announced by the Berlin professor did not at all surprise the Homœopaths, while it disconcerted those who knew nothing of homœopathy.

6. Professor Koch says that above the third dilution there is no action produced by his remedy, while Homœopaths pretend that for certain of their remedies the third dilution is too strong, and they often employ in the sick much smaller doses, and at times even these smaller doses produce aggravations. It is quite probable that if enough experiments were instituted with Koch's remedy in smaller doses, not only would a real action be discovered, but also certain aggravations. It seems almost impossible to admit that if a small dose of a substance at times produces grave symptoms—a fever of 40 degrees, for example (104 F.)—a dose ten times smaller would produce absolutely no effect. That is contrary to all natural laws.

7. It is to be presumed that, once the composition of the German remedy is known, the points of contact with homœopathy will be still more numerous,\* but already the facts ascertained on the subject of this remedy only corroborate the propositions advanced by Hahnemann. Even to-day, *apropos* of Koch's discovery, the name of homœopathy comes to the lips of everybody.

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\* This remark has recently been corroborated by the recent publication of the composition of the lymph, which appears to be nothing else but *tuberculinum*, a nosode in use amongst Homœopaths for some ten or fifteen years.  
—EDS.



## Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

### Removal of the Lens for Relief of High Degree Myopia.

This operation has for a long time, within certain limitations, seemed feasible to us from the good results accruing in cases of accidental discission in highly myopic eyes. Dr. Fukala, of Karlsbad, has during the past three years, operated upon nine myopic eyes in which the myopia reached or exceeded thirteen dioptries. His operation consists in discission, or puncturing the anterior capsule of the lens to promote absorption, hence it must, to secure safety, be confined to young subjects. Dr. F. places the limit at about twenty-four years, and only operates upon subjects with *relatively good visual acuity*, who could read Jager No. 1 at their *punctum remotum*, and in whom there was no evidence of retinal or choroidal disease. In one case vision was increased from one twenty-fifth to one-half, and in another, from one-tenth to one-half, this being a fair average of the improvement. Dr. F. regards the disadvantages attending the operation, including loss of accommodation, as small compared with the advantages accruing, which he enumerates as follows:

- “ 1. Distinct vision in the distance.
2. Enlargement of the retinal images.
3. Manifold improvement of the visual acuity in the distance.
4. The excessive strain upon the accommodation, and its injurious consequences disappear with the recession of the far point.
5. The injurious habit of bending over work is no longer continued, for work can now be done at a proper distance.
6. Binocular vision for the near point, which on account of demands on the convergence, was formerly impossible, is again established.

The spasm of accommodation, and the accommodation itself, two disturbing elements in highly myopic eyes, disappear.”



Concave glasses of over twelve dioptries so diminish the retinal images and bring about so many prismatic effects as to render them, in almost all cases, impractical. But here we find a remedy for these extreme cases.

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#### Quinine in Granular Ophthalmia.

Quinine from the day of its discovery has been the central deity of allopathic therapeutics, and prescribed for every disease in the category of morbid changes. This is no new claim, as it has for years been used topically in these cases with about the same result that has attended almost every form of treatment in trachoma, viz.: *nil*. But our writer in the *Medical Summary* takes a step in advance of all former claimants in the magnitude of the results attained. In two cases, each of a year's standing, the photophobia disappeared in two days, and he leaves us to infer that the trachomatous condition melted away like dew before the morning sun, in the space of a few days. If the writer can establish the validity of his claim, quinine will become a very valuable drug.

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### Colleges and Hospitals.

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The American Institute of Homœopathy and the International Homœopathic Congress.—Secretary's Notice.

EDITORS CALIFORNIA HOMŒOPATH:—The American Institute of Homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary, in conjunction with the Fourth Quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday,



June 23d. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all scientific reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of homœopathic medical societies will have equal rights as members of the Congress and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics, and the specialties will have their place in the discussions, the interests of Homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of the homœopathic materia medica, and the consideration of the questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of condition and advancement of homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles south-east of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the dis-



tance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore and the West and South. She has ample hotel accommodations for twenty-five thousand guests. The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion," in which the Congress will assemble, is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting and the attractions of Atlantic City, as a health and pleasure resort, render it probable that this Congress will be, by far, the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M. D.

General Secretary, A. I. H., S.W. cor. 15th and Master Sts.,  
Philadelphia, Pa.

#### For Infantile Urticaria.

At bedtime use the following pomade:

R	Chloral.....	
	Camphoræ pulv.....	
	Acaciæ pulv.....	aa 3 i
M.	Triturate until liquefied, and then add cerate.....	3 i

This relieves the pruritus, permits the infant to sleep, and puts a stop to scratching. In the morning anoint with:

R	Acid carbolic.....	gr. viiss
	Amyli glycerol.....	3 i

The child must be clad next the skin in linen.—*Am. Med. Digest.*



## Editorial Notes.

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LEGISLATURES may come and Legislatures may go, but our allopathic brethren are always on hand in Sacramento when the law makers convene, to push some modification of the old bill providing for a State Medical Examining Board. In whatever form the bill is presented, and however ingeniously constructed and sugar-coated it may be, the essential feature of the measure is never omitted: To preserve in the hands of the antique school of medicine the sole control of medical affairs throughout the State.

It seems strange that these gentlemen should be continually meddling in State Legislation, unless there is more in it for them than appears on the surface, for men, and especially such men as have been active in this matter, do not usually devote themselves so faithfully to any object from purely philanthropic motives. The gentlemen will pardon us, but we are decidedly suspicious of their good intentions in thus attempting to influence the passage of their very peculiar measures.

The latest form in which this allopathic chestnut is being presented is by a bill just introduced in the Legislature providing for a single Examining Board, composed of seven members, three of which shall be allopathic, one homœopathic, one electric and two to be appointed at large; which, of course, are expected to be of the old-school persuasion.

No disinterested man can consider this a square deal on the thousands of Homœopaths throughout the State, for if the bill should become a law, the liberty of a large class of citizens would be interfered with. The Examining Board once in the control of the Allopaths, insurmountable obstacles would be placed in the path of any homœopathic physician applying for a license to practice, and an unjust discrimination made against the physicians of the old school. The proposed bill is an outrageous attack upon the Homœopaths of California, and an unmanly endeavor to bolster up the steadily crumbling ruins of the once dominant school of medicine. We are confident that this bluff will not work, for



we have faith in the honesty of the men who compose the Legislature now assembled in Sacramento.

All we ask is simply justice; a fair field and no favors. Either allow the three separate Examining Boards to remain as at present—each one having complete control of the candidates of their own school applying for a license, or, if it is thought best to have but one Examining Board in the State, let it be composed of an equal number from the three schools of medicine prominently represented in the community. In this way an unfair advantage can be taken of no man, but every qualified physician whatever his medical faith may be shall have equal protection in the practice of his profession.

C. L. TISDALE, M. D.

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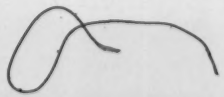
#### Hippocrates and Samuel.

In the opinion of those who are not entirely familiar with the provisions of the proposed bill for the regulation of the State Board of Medical Examiners for California, the opponents of that bill are in some danger of appearing to oppose just and much-needed legislation. As Homœopaths, we *heartily endorse* every proposition in it looking to the elevation of the standard of educational requirement, and for the suppression of all phases of medical quackery; but the relation of Samuel to Hippocrates in the past has not happened to be such as to lead Samuel to look complacently upon the proposition to consign himself for all future time to a position of hopeless minority in relation to Hippocrates, in the Board which is to determine his professional status, if not his very existence as a medical entity. In the language of the comic poet, homœopathy can truly say, "I'm getting a big boy now." Samuel can remember with no great strain upon his imagination when he was a *very small boy*, and this Hippocrates amused himself by making faces at him, and enlivened his not o'er-joyous childhood with sundry cuffs and other modes of caressing that characterize the dealings of a brave big boy with the little weakling that chances to obstruct his triumphant march. As Samuel grew larger, he naturally became resistant, and, as a result of his temerity



in the manly art of self-defense, bears scars the fruit of many fierce battles. In all these years, Hippocrates religiously refrained from the remotest recognition of the professional or ethical rights of the smaller Samuel; and in a moment of arrogance, presuming on the lad's good nature, found that he had waked up the wrong passenger, and, as a reward for his mistaken judgment, bears a permanent discoloration over one of his optics. Samuel is "getting a big boy now," and, besides being abundantly able to take care of his *own*, is doing a thriving business as a legitimate poacher on the domain of his big neighbor; and now comes Hippocrates with this magnanimous proposition, "Let us drop all party names (and hard names, *a la* Holmes), and get together on some common ground of fraternal agreement and create a legal, *just* and *equitable* Board of Examiners to determine the medical status of all comers, as follows: To begin with, we will modestly take three of the Board to your one, and if Samuel will kindly affiliate with Eclectic—another of our favored wards—we shall only have a majority of one over the combination as a start. Now let the Governor appoint the other two, and if he appoints one from S. and one from E., S. and E. combined will have a majority of one in the Board over H. Of course, if the slight advantage which H. has over the combine of five or six to one in numbers throughout the State should chance to influence the Governor's prospective choice to the extent of drawing from him a promise to appoint at least *one* from the ranks of the Hippocrates, then we should have only a majority of one over the other two." A very kind and magnanimous proposition, considering the loving care which H. has exercised over S. and E. during their rocky childhood. The proposition, in the light of our past experience, is equivalent to asking us to consent to being pushed into a bottomless lake without the ability to swim. We prefer to learn the art of swimming in these new waters before we accept the invitation.

H. C. FRENCH, M. D.



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*Phos. acid.* Acid dyspepsia, rising of food half an hour after eating, with cramps in the stomach.—Distension of abdomen.



## Personals.

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DR. C. A. RISDON has removed from Highland Springs to Oakland, Cal.

R. R. BALDWIN, class of '90, Hahnemann Hospital College, has located at 704 Sutter street. Telephone, 2265.

DR. J. J. MILLER, of San Jose, recently paid us a short visit. The doctor is so busy that his trips to San Francisco are too far between.

DR. J. G. NELLIS, of Garberville, gave us a very pleasant call a few days ago. The doctor is doing well and has complete control of his field, there being no other doctor within fifty miles.

A HANDSOME photographic reproduction of Hahnemann, taken from his last picture, is being sent out as an advertisement of the Glenmary Home, a small private homœopathic asylum at Oswego, New York.

BLOCKSBURG, in Mendocino County, on the north fork of the Eel river, has no doctor. It would make a good opening for a young doctor who desires a few years' experience before settling in a more pretentious place.

E. A. CLARK, M. D., the popular homœopathist, practicing in Los Angeles, paid us a brief visit recently while on his way through our city with a patient. The doctor looks well, and betokens the active, busy man we always understood him to be. We learn that our professional brethren have formed the Southern Homœopathic Society, with Dr. ARNDT as President. DR. CLARK promises to send us details of the organization and its work.

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## Book Reviews.

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OUR readers will be glad to learn that the long looked for repertory by Boeninghausen is really out, and copies have been received by the pharmacies and booksellers. It is by far, next to the Materia Medica itself, the most useful work for the homœopathic prescriber. No one at all laying any claims to individualizing his cases, can afford to forego the aid this excellent manual gives. We trust every student and practitioner will obtain a copy, and with its help, prescribe far more accurately than can possibly be done without it.

Prof. Allen deserves the gratitude of the profession for editing this work in his own admirable and faultless manner. He has added all the remedies introduced since Boeninghausen's day, which has been a laborious task, but which Dr. Allen has accomplished with rare discrimination.



**Text-book of Hygiene; A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint.** By GEO. H. ROBE, M. D. Second edition. Philadelphia and London: F. A. Davis, 1890.

As the title indicates, the author desires to give to the American student and practitioner a trustworthy guide to the art of preventive medicine. The first edition met with a warm reception, so that this new edition was soon called for; we find additions on every page, new chapters and new illustrations have been added, bringing the book thoroughly up to date in its every department. As a book for ready reference or as a text-book for the student we can cordially recommend the volume.

**The Urinary Symptoms of the Materia Medica.** By W. D. GENTRY, M. D. Philadelphia: Boeriscke & Tafel, 1890.

Dr. Gentry, the well known author of the Concordance, has given the profession in a handy little volume all the characteristic urinary symptoms of the materia medica, so arranged, with spaces between the separate symptoms, that annotations and additions can easily be made by every physician. It is an excellent idea, and if the book only had a good index it would be indispensable to every homœopathic prescriber. But even without it, we trust, the work will find itself on the working table of every practitioner.

**The Practice of Medicine, or the Specific Art of Healing.** By I. J. ~~=====~~ M. GOSS, A. M., M. D. Chicago: W. T. Keener, 1890. Price, \$5.00.

From our knowledge of the author's work on materia medica and special therapeutics we expected to find more in this work than it contains. It seems to us fragmentary and only suggestive when more thorough handling of its subjects ought to be given in a book professing to be a practice of medicine. Still as a book of reference in order to see the therapeutic resources of the eclectic school, it is of value. We meet in it many references to homœopathic remedies, given as a rule or merely general indications, which must be disappointing in most cases. We trust that readers of this volume will turn to some standard homœopathic practice, like that of Lilienthal, or Arndt, and compare the resources of the two schools and avail themselves of the finer distinctions of the homœopathic materia medica, greatly enlarging the therapeutic application of the remedies.

**Twelve Lectures on the Structure of the Central Nervous System.** By DR. LUDWIG EDINGER, Frankfort-am-Main. Translated by W. H. Vittum, M. D. Philadelphia: F. A. Davis, publisher, 1890. Price, \$1.75.

This little work contains in a most concise manner all that has been recently discovered in relation to the finer structure of the brain and spinal cord. It is right up to date, and, unlike most works coming from the German, is not verbose. It is amply and finely illustrated, the bookmaking part of it is perfect, and its price is cheap. We heartily recommend it to all who are interested in the nervous system.



**A Dictionary of Practical Medicine.** By various writers. Edited by JAMES K. FOWLER, M. D. Philadelphia: P. Blakiston, Son & Co., 1890. For sale by The Bancroft Co., San Francisco.

The character of this new dictionary is similar to the well known Quain, but more concise, and hence the editor has given us a much handier volume, more acceptable for constant and quick reference. The more important subjects comprised under the head of Practical Medicine, including also the diseases peculiar to women are included, but all subjects properly belonging to surgery have been excluded. Excepting Quain, we know of no work so generally useful to the physician, since it offers new information, at once concise, clear and comprehensive on most medical subjects. It is a small library in itself.

**Report of the Calcutta Homœopathic Charitable Dispensary for 1889-1890.**

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**President's Address** before the Missouri Institute of Homœopathy. By MOSES T. RUNNELS, M. D.

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## Selections.

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**The Influence of Diet in the Development of Non-Hereditary Gout.**

By MORRIS H. HENRY, M. A., M. D., LL. D.

A few years ago a discussion was maintained for some time in England, on the change in the type of diseases in their clinical aspects as then presented compared with the same class of affections and in the same class of persons seen in the previous decade by the same clinical observers. The discussion arose on the value, or, perhaps, to state the case with extreme exactness, on the advantages and disadvant-



ages of blood-letting in certain forms of acute diseases. The disputants were, on both sides, good representatives of intellectual strength and strict integrity. My impression is that the battle was regarded by those who watched its progress as a drawn one. While the discussion elicited many nice and distinctive features of special clinical interest on both sides, there was not enough on either side to induce anything like a compromise on the great question of therapeutics and treatment. The discussion, however, did great work—it sowed the seed of serious thought in many astute observers, and enabled them in their clinical studies to differentiate on the same features as they presented themselves in different individuals. The discussion of the periodic changes in the types of diseases led to the study of the differentiation of the same disease in the one individual under the varied circumstances of his life and his opportunities of living.

It is well known that no two cases of one well-defined disease are exactly alike, and it is also well understood that no one case is in the same condition any two days in succession.

Among the acute forms of disease that deserve especial attention gout is, I think, one of the foremost; while its victims do not often die directly of the disease, many die of other diseases in a gouty condition, enhanced by the conditions of a gouty diathesis. The sufferings of its victims is sometimes beyond description. Sydenham, who was himself a martyr to gout, says: "For humble individuals like myself, there is one poor comfort, which is this, viz.: that gout, unlike any other disease, kills more rich men than poor, more wise than simple. Great kings, emperors, generals, admirals and philosophers have all died of gout. Hereby nature shows her impartiality, since those whom she favors in one way she afflicts in another—a mixture of good and evil pre-eminently adapted to our frail mortality."

Garrod says: "Among nations in an uncivilized state, living chiefly on the produce of the chase obtained by personal exertion, or subsisting on the simplest fare, gout, according to the reports of eminent travelers, is entirely unknown; but in our own country and in many other parts of the civilized world, the case is far otherwise, for not only is gout in its most marked and typical manifestations exceedingly prevalent, but



in its lurking and undeveloped forms it is probably still more so, and exercises a considerable influence over the character and progress of other disorders."

The question so often asked, what is the gout? is difficult to answer. The same may be said of the various forms of rheumatism and so-called rheumatic gout. It manifests itself in certain forms and under certain conditions, and disappears, for a time, with equal mystery, under such influences as diet, rest and a limited administration of drugs. Many suggestions have been made to designate the disease by some other name, but they only serve to express some of the local manifestations. The term "gout," that has its origin in the "humoral" view of the pathology of the disease, based on the theory that some morbid humor existed in the blood and passed into the joints "drop by drop," answers just as well as any of the newer terms until a more distinct and accurate knowledge of the pathology of the disease is discovered and a more rational course of therapeutic measures suggested to eradicate the same. It is a subject of great interest to the public, much more so than it can appreciate. The risks of life to which they are exposed by swallowing large doses of drugs of a dangerous nature, prescribed by ill-educated and irresponsible so-called "specialists in gout and rheumatism," is enormous. The bases of all this class of prescriptions are morphine and colchicum; both good in their way under a wise administration, but exceedingly dangerous to life in the hands of adventurers in the practice of medicine.

There are three classes of persons who really suffer from gout:

I.—Those who inherit the diathesis and show early features of the disease in a marked degree.

II.—Those who inherit the diathesis but show only a slight tendency to the development of the disease until middle life; and—

III.—Those in whom it is freshly developed as the result of a radical change of living at early manhood or the middle period of life.

I exclude, of course, from this account, any reference to a class of persons who exhibit a morbid delight in telling of



their gouty sufferings, whereas they are neither more nor less the victims of neuralgias of specific origin, or addicted to the use of poisonous hair dyes, cosmetics, and other injurious local applications.

I am convinced, from a large and long experience in the clinical observation, study, and treatment of gout, that errors in diet are the main cases of its frequent recurrence in those who suffer from an hereditary diathesis, and especially in those who develop the disease without any hereditary predisposition. I am equally convinced that the failures of successful treatment have been due to the neglect of appreciation of the importance of attention to the proper performance of the functions of the liver, kidneys and skin.

The non-hereditary development of gout in this country exists mainly among those who have suddenly acquired large fortunes; risen in a short time from almost poverty to affluence, and in the changes from poverty and privation have not associated in the acquisition of their freshly acquired wealth any ideas of the conditions of its enjoyments.

In the course of a professional visit that I made one evening, some years ago, to a Californian who was suffering from progressive locomotor ataxia, a visitor was announced who had recently returned from Europe. He was a bonanza king, but a man of more than ordinary common sense and intelligence, and who had made no radical changes in his mode and habits of life since he had acquired his large fortune. After exchanging affectionate greetings and inquiries of mutual friends, he remarked that during his stay in London he consulted Sir Henry Thompson, the distinguished surgeon. In the description of his visit, his Celtic accent and humor added in no small degree to the account of his interview. "When I entered his private office, I put down ten guineas. He glanced at them and said, 'My fee is three guineas.' I said, 'Well, I want that much of your time, and if I stay over that much I'll put down some more.' He smiled, just a little, and gave me a thorough examination. He did overhaul me good. After a few moments reflection he advised me to go to the south of France and abstain from all work and excitement. He concluded I was overtaxed in my mind and body, and told me to keep out of and away from





all mines. I was about to leave—just nearing the door—when he stopped me. He put a question to me at which I laughed heartily. He asked me if my father ever had gout? Bedad, I told him my father never had enough to eat. He joined me in a good laugh, and I left him.”

During the past few years, and since that interview, I have been consulted by many Californians and others who have suddenly become possessed of great wealth, and who have reveled in the luxuries of idleness, *cuisine*, and vintages entirely foreign and unsuited to their natures and previous habits and conditions of life. They are paying the severest penalty for their over-indulgence, in acute forms of functional and organic diseases of the stomach, liver, kidneys and other organs. They are suffering from newly acquired forms of acute gout. Some have the moral strength and purpose to resist temptations, and recover to a good extent. The rest soon follow in the trail of “death from over-indulgence.”

There can be no doubt that the errors in diet and the tendency to over-eating, in this country, is leading to the development of gout in a large class of our population. It is now a mere question of time when the gouty diathesis shall be manifested here as fully and as frequently as in other countries where it has prevailed for centuries.

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#### COMMENTS UPON SOME MEDICINES.

By W. C. GOODNO, M. D., PHILADELPHIA.

##### GELSEMIUM.

The provings of gelsemium indicate its probable value in acute rhinitis, and the train of usual accompanying symptoms. Clinical experience has confirmed the inference as to its value. Nevertheless, its use is only occasional in the practice of most physicians, and many never employ it. Several years since, I suggested it as a remedy of extraordinary value in such cases, and my personal experience since, as well as that of many who have employed it, has fully sustained the estimate of its usefulness expressed at that time. So constant is its favorable action, that it can be regarded as almost



specific in typical "colds in the head." No remedy with which we are acquainted is comparable with it, not even aconite, so much vaunted by some. The sneezing; watery discharge; swollen nostrils; rawness of throat; tickling cough; headache; vertigo; congested; heavy eyes; malaise; general pain; chilliness; slight fever, diminished arterial tensions, etc., in whole or part present in different cases, are met successfully by this medicine. *The best results are seldom attained unless gelsemium is prescribed during the earliest stage of rhinitis.* This statement cannot be too strongly emphasized. After the inflammation reaches the stage of free mucus and cellular development; in a word, where the discharge is becoming thick, gelsemium accomplishes little. This statement limits its use almost to the first stage. It is my custom to furnish my patients who are subject to colds in the head, with this medicine, instructing them to keep it at hand and take it upon the first appearance of symptoms. If such directions are strictly followed, it is seldom that the cold continues many hours. The dose, we think, must be considered. While successful, occasionally, in very small doses, I now seldom administer anything but the tincture, or disks medicated with the same. The want of success reported by some seems to me due to delay in administration and the use of too small doses: The best reports are not from patients whom we prescribe for in our offices, for such usually delay calling upon their physician until the cold is too far advanced, but from those who have the medicine in their possession, and apply it upon the first appearance of symptoms.

Gtt. i.-ij. of the tincture furnished by our pharmacists; gtt. iiij-v. of the tincture procured from the ordinary drug houses are the doses we have found most useful. If repeated hourly until the symptoms diminish, which generally occurs after three or four doses, then two to three hours, until three or four doses more are administered, then three times daily for two days (the latter precaution being important), there is a uniformity in success which helps to dissipate therapeutic unbelief.

If "heaviness of the eyes" or ptosis appear from its use, the first evidence of its physiological action, as occurs in some susceptible persons, all that is required is to stop the



medicine until these symptoms disappear, then resume in doses one-third smaller. We think the best results are obtained with doses falling just short of exciting the evidences of the physiological action of the drug. I believe this to be often true of the action of medicines in the treatment of acute diseases, especially of many of the acute infectious diseases.

#### COLCHICINE.

This is the alkaloid of colchicum. Some years since I made an extended test of salicin in the treatment of rheumatic fever. Its bulkiness, unpleasant taste and probable non-homœopathicity led me, in spite of excellent results, especially in the prevention of endocardial and other serious features of rheumatism, beat about in search of another medicine. Several were studied, the choice finally falling upon colchicine. Of the value of colchicum in gout, and occasionally in rheumatism, we have long been familiar. The alkaloid colchicine however, is a comparatively unused and therapeutically unknown medicine. Its poisonous effects are manifested primarily upon the gastro intestinal tract, collapse symptoms soon developing in serious cases. The intensity of its action can be judged of by the fact that doses of  $\frac{1}{60}$  gr. and, in some persons,  $\frac{1}{200}$  gr. cannot long be repeated without causing nausea, vomiting and diarrhœa, with considerable abdominal pain.

We are cognizant of one case in which doses of  $\frac{1}{20}$  gr., given repeatedly by a physician apparently in ignorance of its intensely poisonous influence, resulted fatally to the patient. These words of caution are necessary, as too many physicians, accustomed to administering, generally, medicines incapable of producing poisonous effects in any dose, grow exceedingly careless in the handling of all medicines. I was told a few days since by a prominent physician of this city that, calling upon a friend one evening lately, who is accustomed to the use of high dilutions of medicine only, he found him handing a five-grain powder of sulphate of morphine to a patient. He hesitated in order to consult the caller about the case, and the mistake was discovered.

Upon relating the fatal case of colchicine-poisoning recently, it was suggested that I ought not to recommend a



drug of such power, as it was certain to be abused. I fail, however, to appreciate the reasoning which limits the use of a most valuable medicine to a few for fear an ignoramus or a careless man may abuse it. There have been equally dangerous medicines in use ever since the days of Hahnemann. The promptness with which colchicine generally relieves the symptoms of rheumatic fever is the greatest drawback to its use. For the reason that patients generally desire to get up, or do that which will expose them to danger of a relapse as soon as they are comfortable, I now make a compact with my patients, to-wit: that they can take the colchicine only upon condition that they promise to obey me, especially in respect to remaining in bed. Experience to this date, and I have now collected almost eighty cases treated by myself and some dozen acquaintances, suggests that the medicine diminishes in value in proportion as the symptoms depart from those of a *typical rheumatic fever*.

Excellent successes, however, are reported in every chronic rheumatic arthritis. Among my own cases I have not yet seen a frank case of rheumatic fever resist its action. Relief of pain follows in most cases within twenty-four hours, and within forty-eight hours the patient is generally comfortable, the swelling, fever, sweats, etc., much diminished. By the third or fourth day it is evident that the case is thoroughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed. No such uniformity of results is, in my opinion, obtainable through the use of any of the remedies or "methods" in vogue.

Many cases yield quickly to aconite, bryonia, rhus, etc., but more cases continue weeks. The worse the case the greater the confidence with which I prescribe the colchicine. As specifics for disease do not exist, our medicine must sometimes fail. We feel this must be so in spite of the excellent results to this date. The most perfect tool does not achieve the best results unless employed by an intelligent hand. No matter how simple in its manifestations a disease may be, and were its remedy one, there is still necessity for the exercise of the best judgment in the application of that remedy in order to secure the best results.

Seguin recently employed some ten columns of a large



page journal to tell how to administer bromides to epileptics with the best results. A disease, from his standpoint, with one essential symptom and one remedy. The most competent physician must give careful attention to the selection of a proper case and the method of administering the medicine. The greater the pain, swelling, number of joints involved, sweat, etc., the stronger is colchicine indicated.

I make a tincture by adding grs. j. of Merck's colchicine to 3j. of dilute alcohol. Of this, the maximum dose is gtt. v. In most cases, gtt. iij. are satisfactory; and in children and small people gtt. j. may suffice.

Doses may be repeated every one to three hours, according to the urgency of the symptoms. The lower dilutions often give good results, but they have been found less certain. Pills or disks may be employed, but it is not as easy to regulate the dose. Triturations are more accurate. If nausea, vomiting, pain or diarrhoea supervene, stop the medicine *until all aggravation ceases*, and then begin with half the dose which disturbed the patient.

#### PILOCARPIN MURIATE

has proven useful in *rapidly progressive phthisis*. Pneumonic phthisis, *i. e.*, cases of pneumonia in which resolution fails to occur, and extension of the exudate occurs, with the ultimate presence of bacilli in the sputum, and especially cases of phthisis in which free hæmorrhages occur, followed by the physical signs of rapidly developing and extensive consolidation, seems to be the types most benefited by this medicine. Persons with slight pulmonary lesions may, with or without apparent causes, such as overwork, cold, etc., get hæmorrhages more or less free. If profuse, infiltration of the lung, parenchyma may occur, and putrefaction, with a sequential pneumonic process, develop. Under such circumstances, the temperature range is high, chills may be repeated, prostration and emaciation progress rapidly, and sweating is generally profuse. While the latter symptom is most valuable, it must not be looked upon as an indispensable indication. Grs. iij. of the second decimal trituration, every one to three hours, has seemed the most successful dosage. If sweats are present, they generally rapidly diminish, even



after atropine and agaricin have failed. The fever diminishes, and the general condition is improved. In two or three cases which seemed hopeless, the disease has been, at least for the time, arrested, and with, to me, a surprising degree of clearing up of the lung.

#### BENZOIC ACID.

A medicine but little used except for stinking urine. In the days of Trousseau, a favorable influence upon bronchial catarrhs was claimed, but there are no records of its extended or successful use in the treatment of any special form of disease. Dr. Hering commended it in gout. In gout, rheumatic gout and rheumatism, also in digestive disturbances and some liver diseases, it is useful, and especially so if the urine is dark, alkaline, and contains mucus, phosphates, lithates, etc., and, above all, if strong-smelling, like horse-urine.

But it is upon the respiratory tract that its especial action seems to concentrate, judging from a clinical standpoint. Bronchorrhœa, the ordinary form of bronchitis, with free exudate; asthmas, if occurring secondarily to pulmonary diseases; some renal asthmas; but above all, in the pneumonic conditions occurring in the course of influenza, Bright's disease, cardiac obstructive disease, phthisis, etc. Its favorable action upon these *pneumonias of irregular pathological type* is some times beautiful to observe. One case of asthma which had been continuous for weeks (secondary to slight indication of cirrhotic kidneys, and following an attack of the "grip"), in which cyanosis had been developing for ten days and had become very marked, with rusty sputum and signs of consolidation in the bases of both lungs, was promptly relieved by benzoic acid, 2x trituration, grs. iij., every two hours, after the failure of many medicines, as well as of allopathic treatment previously.

Gonorrhœa, if protracted and presenting a free purulent discharge, is sometimes relieved if associated with alkaline or strong smelling urine, and also if there is an involment of the bladder or higher urinary tract. The 1x trit., grs. ij. every two hours has seemed most beneficial. The benzoate of soda has acted equally well in some cases, especially of



arthritic disease. A woman 49 years of age had been ailing for several years. Upon coming under my care, she presented the following condition: Progressive weakness and emaciation; has been in bed most of time for past three months. Lies upon the back, with shoulders elevated on account of short breath; cannot turn to sides for same reason. Slight cough, some expectoration, which upon several occasions has been rust-colored. Stomach irritable, sometimes vomiting. Slight anasarca, with considerable accumulation in the abdominal cavity and right pleural sac. Heart feeble, dilated, no adventitious sounds. The urine contained albumen in considerable quantity, granular and fatty casts; only about one pint was passed in the 24 hours, with a sp. gr. of 10.22. Signs of consolidation were clearly made out over the posterior and inferior aspect of the left lung, examination of the right being handicapped by the exudate in the pleural sac. Many remedies were prescribed without a favorable result. Various remedies were then given for the support of the feeble heart and for the removal of the anasarca, such as digitalis, strophanthus, infusions of digitalis and apocynum, but with little result. An increase of short breathing and a reappearance of rusty sputum led to the administration of benzoic acid 2x grs. ij. every two hours. Improvement was immediate, especially in the chest symptoms. The anasarca disappeared, the heart strengthened and the patient was carried down stairs in two weeks. Of course the improvement must be but temporary.

#### THE ARSENIATE OF QUININE

I first administered for the hectic of phthisis. Its success in combating this symptom has been considerable, but far more interesting has been the developed fact that it sometimes arrests the progress of the disease in a most positive manner. This might be suspected from the well-known influence of arsenic in the same affection. The first case of the kind which impressed me was that of a bridge-builder living in West Philadelphia. His health had been deteriorating for some time. A slight cough had increased and troubled him much at night. There was considerable loss of flesh and a degree of weakness threatening to prevent his



continuing his work. In truth, more than half of the preceding two months had been spent at home. The occurrence of blood-spitting, chills at irregular intervals, with quite high fever in the latter portion of the day, increased weakness and some pleurisy pain putting him in bed led him to change his treatment and call upon me. Physical examination revealed consolidation of the right apex and slightly of the left. There was considerable cough, especially at night, and free expectoration. To make a long story short, this man took chin. ars. 2x at intervals for several years. Within a month of the beginning of treatment he was able to go to his work, and lost little time thereafter. During two years past he has received little attention. The physical signs remain much the same, but there are no evidences of extension. His weight is not up to the normal, but he has a good appetite, works regularly, and only occasionally develops a little break in health. The sputum contains the bacilli of Koch.

Recently, a prominent horse-shoer of this city came to me for the treatment of phthisis pulmonalis, which seemed to have had its origin in an attack of the epidemic influenza, contracted last winter. Early, his symptoms were treated quite successfully by a brother practitioner of this city, but illness of the latter led to a change of attendants, with disastrous results. When seen by me on the 28th of last July, he presented the general appearance of one well advanced in phthisis; emaciated, pallid, dyspnoea upon slight exertion, annoying cough day and night, with very free expectoration, chilliness in morning, with an afternoon and evening temperature of 101° to 103° F. Entire loss of appetite, constipation, etc. Consolidated areas were discovered in both lungs with suspicion of a small cavity at one or two points in the left lung. Many remedies were prescribed, including, finally, the creosote treatment, by the stomach and by inhalation, with but slight improvement. Early in September, chin. ars., 2x, was administered, grs. ij, every 3 hours, with a degree of improvement which has surprised all concerned. For a month past the temperature has been normal and the patient has been so much improved in all respects as to attend regularly to his business, i. e., in so far as to be present and superintend his men. In two months he has gained



about fifteen pounds of flesh and has acquired a more healthy color and appearance. He comes occasionally for his "white powders," and is free in ascribing his improvement to them alone.

Some years since, an old physician of this city, who, I discovered, possessed some excellent and original indications for the use of medicines, the late Dr. Seth Pancoast, suggested agaricus to me as a useful medicine for the violent delirium of typhoid fever. He said he had used it many years with gratifying results. Since that time, Dr. Hibbard, of the Pacific Coast, has recommended it also, whether as the result of individual experience or not, I cannot say. Dr. Raue mentions it in his work on therapeutics. As compared with our usual medicines, the narcotics, it is much oftener successful; indeed, these medicines almost constantly disappoint me. Occasionally they act well, viz., stramonium, for its peculiar group of indications. But generally the patient worries through, as the result of good care, good feeling, judicious stimulation and in spite of the narcotic. There has always seemed to me a want of similarity between the influence of these medicines and the totality of a typhoid case. The typhoid patient presents an anæmic brain, the individual poisoned by the narcotics, a hyperæmic one. While this is the rule, however, there must be exceptions. Some typhoids may have congested brains, and again the narcotics may exert influences upon the brain substances independent of fluctuating conditions, for which they may, upon the homœopathic principle, prove useful. But I make bold to assert that they do not and cannot prove the class remedies for the cerebral symptoms of typhoid fever. Judging upon clinical evidence, we have a much better medicine than any of the well known narcotics, in agaricus. I have repeatedly seen the highest grade of delirium quelled within twenty-four hours, after belladonna, hyoscyamus, stramonium, etc., had been given ineffectually for days. Many of my colleagues can certify to this. It seems especially indicated when the pale-faced, thin, haggard-looking patient, looking as if he had been chased by the hounds, talks incoherently and almost constantly, with at times wild efforts to get out of bed and escape.



I would suggest for these cases, tincture of agaricus, gtt. x-xx in  $\bar{3}$ ij of water, teaspoonful doses hourly.

#### AGARICIN,

the alkaloid of agaricus, seems to me even more efficient. Of the first decimal trituration give grs. j. hourly.

Of all medicines I have prescribed for night sweats, agaricin, first decimal trituration, grs. j, at bed time, has proven most valuable. A single dose is often followed by freedom from this annoying symptom for days, even in phthisis.

In children who sweat much about the head, especially if nervous and irritable, and restless at night, agaricin, 2x, grs. j. at bedtime, and, perhaps, the routine calcarea carb. during the day, will often help.

Agaricin, 1x trit., grs. i., two to four or six times daily, has given the best therapeutic results I have ever witnessed in the treatment of chorea. The arseniate of strychnine, 3x trit., grs. iij., three times daily, has also given excellent results.—*Hahnemannian Monthly*.

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#### Coffee Inebriety.

Dr. Mendel, of Berlin, Prussia, has lately published a clinical study of this neurosis, which is growing rapidly in this country. His observations were confined to the women of the working population in and about Essen. He found that large numbers of women consumed over a pound a week, and some men drank considerably more, besides beer and wine. The leading symptoms were profound depression of spirits and frequent headaches with insomnia. A strong dose of coffee would relieve this for a time, then it would return. The muscles would become weak and trembling, and the hands would tremble when at rest. An increasing aversion to labor and any steady work was noticeable, the heart's action was rapid, irregular, and palpitations and a heavy feeling in the præcordial region were present, also dyspepsia of an extreme nervous type. Acne rosacea was common in these cases. The symptoms constantly grow worse and are only relieved by the large quantities of coffee,



generally of the infusion, in some cases the tincture was used. The victims suffer so seriously that they dare not abandon it because of the fear of death. Where brandy is taken only temporary relief follows. The face becomes sallow and the hands and feet cold, and an expression of dread and agony settles over the countenance, only relieved by using strong doses of coffee.

In all these cases, acute inflammations are likely to appear at any time. An injury of any part of the body is the starting point for inflammations of an erysipelatous character. Melancholy and hysteria are present in all cases. In this country the coffee drinker after a time turns to alcohol and becomes a hard drinker. In other cases opium is taken as a substitute. Coffee inebriates are more common among the neurasthenics, and are more concealed, because the effects of excessive doses of coffee are obscure and largely unknown. Many opium and alcoholic cases have an early history of excessive use of coffee, and are always more degenerated and difficult to treat. A very wide field for future study opens up in this direction.—*Journal of Inebriety, Country Doctor.*

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#### Age of Fœtus.

It is frequently desirable to be able to state approximately the age of the fœtus in miscarriage cases. The following table from Auvard will be useful in deciding the question:

About the middle of the fourth month, the fœtus is eight inches long.

About the middle of the fifth month, ten inches long.

About the middle of the sixth month, twelve inches long.

About the middle of the seventh month, fourteen inches long.

About the middle of the eighth month, sixteen inches long.

About the middle of the ninth month, eighteen inches

At the end of nine months, twenty inches long.

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I do not approve of your dynamizing the medicines higher—as for instance, up to the 36 and 60. There must be some end to the thing. It cannot go on to infinity.—*Hahnemann—Era.*